

EXHIBIT L

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1 recently opened. By the time we get there on the
2 evening shift, there is maybe one room even running;
3 maybe one turnover to do down there.

4 Q. So prior to February of 2006, was the extension
5 of the OR in operation?

6 A. No.

7 Q. What about the ASC, the ambulatory surgical
8 center, how was the duty there with the Spectralink
9 phone the same as or different from the one in the main
10 OR?

11 A. It's similar to it in that, yes, you are --
12 basically you are the point person for the department.
13 The majority of the calls will come in to that person
14 within the ASC. The simplicity of the cases makes for
15 an easier shift over there.

16 Q. How many operating rooms are there in use in a
17 given time at the ASC, if you know?

18 A. I would venture around 12.

19 Q. And ambulatory surgical center, on its face,
20 appears to describe those kinds of surgeries which are
21 outpatient in nature?

22 A. Yes, that's my understanding.

23 Q. Were you aware that there was, at some point, a
24 lead in anesthesia tech hired?

25 A. Yes.

1 Q. And do you know on what shift the person was
2 assigned?

3 A. Day shift.

4 Q. Did you work on the day shift when that person
5 was there?

6 A. No, I did not.

7 Q. What shift were you working at that time?

8 A. Evening shift.

9 Q. Was there any overlap in your hours with that
10 person on her hours?

11 A. Yes.

12 Q. Did you know whether or not during the time
13 that that lead person was there and working on the day
14 shift, one of the techs had the Spectralink phone
15 assignment?

16 A. Correct.

17 Q. Was there any difference in the Spectralink
18 phone assignment, to your understanding, when the lead
19 was there versus when the lead wasn't there?

20 MR. ARNOLD: Objection. He didn't work that
21 shift.

22 THE ARBITRATOR: Objection what?

23 MR. ARNOLD: He didn't work that shift. It
24 calls for speculation.

25 THE ARBITRATOR: Thank you.

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1 BY MR. HARRINGTON:

2 Q. Why did you give your testimony that there was
3 no difference?

4 A. I would say that there's no difference because
5 the person giving me the report is the person carrying
6 the Spectralink phone. It's not the lead tech. My
7 communication with the lead tech on the day shift was
8 minimal at best. The lead tech's phone number was not
9 even posted within the operating rooms until, you know,
10 three, four weeks after that person started. So people
11 -- there was no communication to the lead tech. The
12 communication within our department still fell within
13 those individuals carrying the Spectralink phone.

14 MR. ARNOLD: Same objection. He wasn't there.
15 This is all speculation as to what the communication was
16 during the course of the shift when he wasn't present.

17 MR. HARRINGTON: It's not speculation that
18 their number wasn't posted for three to four weeks.
19 It's not speculation that he got a report from the
20 off-going tech, not the lead. That's not speculation.
21 That's fact.

22 MR. ARNOLD: Okay. Let that stand. The rest I
23 move to strike as pure speculation subject to my
24 objection.

25 MR. HARRINGTON: All right. I don't think it's

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1 speculative. It's based on his actual experience in the
2 unit.

3 MR. ARNOLD: It was clear that it's based on
4 speculation. How could he possibly know what the
5 communications were during the course of a day shift and
6 who was calling who when he wasn't present?

7 MR. HARRINGTON: You can ask him that on cross
8 examination.

9 MR. ARNOLD: No. It's speculative. And it is
10 -- it shouldn't be -- my objection should be sustained.

11 THE ARBITRATOR: Well, I think it is to the --
12 to that extent, because he was not working on that
13 shift. Although, he may have had that knowledge from
14 his capacity as a shop steward, I don't know. But
15 anyway, your point is well taken, Mr Arnold, as
16 qualified by Mr. Harrington.

17 BY MR. HARRINGTON:

18 Q. Sir, as a shop steward, did you have occasion
19 to be involved in this particular grievance?

20 A. Yes.

21 Q. Were you involved in the investigation of the
22 grievance?

23 A. Yes.

24 Q. Did you discuss with coworkers on the day shift
25 their interaction with and the duties of the lead?

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1 A. Yes.

2 Q. Okay. And did you learn anything from the --

3 MR. ARNOLD: Objection; hearsay.

4 MR. HARRINGTON: Which is admissible.

5 MR. ARNOLD: Objection; hearsay. We've already
6 had a witness testify who worked the day shift.

7 THE ARBITRATOR: Well --

8 MR. HARRINGTON: You'll stipulate that there
9 was no -- that the lead's presence or absence had no
10 impact on --

11 MR. ARNOLD: I won't stipulate to anything. We
12 have testimony. That testimony is what the testimony
13 is.

14 MR. HARRINGTON: Okay. Fine. Then I'm going
15 to get it in through this witness. You can't control my
16 case. You can make objections and you can rule on them.
17 You're just interrupting me at this point to impress
18 somebody. I'm not sure who that is.

19 MR. ARNOLD: 'Cause you're asking for blatant
20 hearsay.

21 MR. HARRINGTON: Blatant hearsay. Is that --

22 MR. ARNOLD: Blatant hearsay.

23 MR. HARRINGTON: I see. I thought hearsay was
24 admissible in arbitrations.

25 THE ARBITRATOR: It is. It is.

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1 MR. HARRINGTON: Yeah, that's what I thought.

2 MR. ARNOLD: I still get to object.

3 THE ARBITRATOR: And your objection is noted.

4 MR. HARRINGTON: And overruled.

5 MR. ARNOLD: I think he gets to --

6 MR. HARRINGTON: He's subcontracted that one
7 out to me.

8 Q. So did you have occasion to speak with your
9 coworkers on the day shift concerning this issue as it
10 related to the duties of the lead on that shift?

11 A. Yes.

12 Q. And what did you learn from those coworkers
13 about that, if anything?

14 MR. ARNOLD: Objection. He should at least
15 state what he was told as opposed to what he learned. I
16 mean, if he's going to testify rather than conclusory
17 statements, he should at least have to testify who he
18 spoke to and what those people told him.

19 MR. HARRINGTON: Okay, fine.

20 Q. Who did you speak to?

21 A. All right. In my capacity as shop steward I
22 received numerous concerns from my counterparts on the
23 day shift regarding the functions of the lead tech,
24 regarding the functions -- regarding our concerns that
25 the Spectralink phone was not being given to the lead

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1 tech; instead that the lead tech was going to be
2 carrying their own Spectralink phone.

3 My coworkers were concerned that the lead
4 tech's phone was not being posted in the operating
5 rooms. And that regardless of there being a lead tech,
6 nobody had the ability to actually contact the lead tech
7 because they just didn't know the phone number.

8 The -- my coworkers expressed to me that the
9 calls and the call volume had not changed with the
10 addition of a lead tech. And at this same time, we had
11 other concerns regarding our lead tech that we chose to
12 work with the Union addressing.

13 Q. So can you recall any particular members of the
14 day shift who were anesthesia techs who related these
15 concerns to you about the calls and the call volume, for
16 example?

17 A. Specific names?

18 Q. Right.

19 A. That's so far --

20 Q. Okay.

21 A. -- gone.

22 Q. Did you ever have occasion to discuss with the
23 lead, who was there apparently for approximately a year,
24 what her -- she was a female?

25 A. Yes.

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1 Q. -- what her duties were as it related to this
2 main OR Spectralink phone?

3 A. No. Actually, I had this discussion with my
4 manager at the time.

5 Q. Who was the manager at the time?

6 A. Alice Beltran.

7 Q. And what discussion did you have with
8 Ms. Beltran about this issue?

9 A. I expressed my concern to Alice that with the
10 presence of a lead, why is it that the types of calls
11 that we are getting on this Spectralink phone are the
12 calls that should be going to a lead tech, such as staff
13 not performing their specific requests, staff being
14 unable to be located; you know, various personnel issues
15 that were coming into this Spectralink phone.

16 I expressed this concern to my manager, that as
17 a regular employee, I should not be having to handle
18 these types of calls.

19 And I also, at that particular time, explained
20 to her that, you know, if you're going to have a lead
21 tech, it would be nice to at least have people be able
22 to get ahold of this lead tech so they can do their job,
23 and requested that she then post the lead tech's phone
24 number in all the operating rooms.

25 Q. And do you know whether that happened?

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1 A. Yes, it did.

2 Q. And do you know -- did you say anything else to
3 Ms. Beltran about the nature of the calls which were
4 continuing to be received, putting aside the personal
5 calls, on the Spectralink phone?

6 A. The call volume, that's never changed.

7 Q. Did Ms. Beltran have any response with respect
8 to the volume of calls?

9 A. No.

10 Q. Was there -- in your experience after April of
11 2004, during the time that you worked on the p.m. or
12 evening shifts, was there ever a lead on that shift?

13 A. No.

14 Q. And between the time you became an employee
15 until approximately February of 2006, did the nature of
16 the Spectralink phone on the p.m., or evening shift,
17 change?

18 A. No.

19 Q. Did the duties remain the same?

20 A. They remained the same.

21 Q. You became aware that the differential for
22 carrying the phone became terminated at some time?

23 A. Yes.

24 Q. How did you learn that it was to be terminated?

25 A. Our manager told us in a staff meeting.

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1 Q. And was any reason given at that time?

2 A. The reason we were given was that it had not
3 been put into the new contract.

4 MR. HARRINGTON: Did you hear his answer?

5 THE ARBITRATOR: I didn't quite catch the last
6 part.

7 THE WITNESS: The reason we were given that the
8 differential pay would be terminated was that it was not
9 placed within the new contract. There's no language
10 calling for it in the new contract.

11 BY MR. HARRINGTON:

12 Q. Okay. After the date of that communication by
13 the manager, did the duties change, at all associated
14 with the carrying of the phone?

15 A. No, not at all. They still haven't changed.

16 Q. Now, after the Employer terminated the payment
17 of the differential for the carrying of the phone, has
18 method of communicating during the shift about issues
19 concerning cancellations and case changes and the kinds
20 of things you described, has that changed at all?

21 A. No.

22 Q. Is there any different method of communication
23 being used to notify the anesthesia techs about those
24 matters, to your knowledge, after February of 2006?

25 A. No.

1 Q. Has the rotation of the assignment of the
2 carrying the phone changed?

3 A. Yes.

4 Q. How has it changed?

5 A. We've gone -- we were on a week-long
6 assignment, that has now changed to a daily assignment
7 that rotates to a different assignment everyday.

8 Q. So you said at one point you would get it
9 roughly one a week per month?

10 A. Yeah, approximately.

11 Q. And how long -- in this new system -- how often
12 in this new system do you get it on a monthly basically?

13 A. I would say the exact same amount of time.

14 Q. In your training period when you were first
15 introduced to the use of the Spectralink phone in the
16 main OR, did you receive any information concerning any
17 different responsibilities that that person had as
18 compared to coworkers -- the use of any term about that
19 assignment?

20 A. It was just we were class -- we were
21 specifically told, you know, when we fill out our
22 timecard, that you will classify yourself as RHC, which
23 is relief at higher class; that you're functioning at a
24 higher class. That's how my manager explained it to me.

25 Q. So in the pay periods in which you had the

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1 assignment, you would actually notate something on your
2 timecard?

3 A. Yes.

4 Q. And you got that code from the manager?

5 A. Yes.

6 Q. Did you do that on every occasion when you had
7 the assignment?

8 A. Yes.

9 Q. And did the manager sign off on the timecard at
10 the end?

11 A. Yes.

12 MR. HARRINGTON: That's all I have.

13 CROSS EXAMINATION BY MR. ARNOLD

14 BY MR. ARNOLD:

15 Q. Were you told what higher class it was you were
16 supposedly working in?

17 A. No. We were told we were functioning at a
18 higher class.

19 Q. Are you familiar with the contract as a
20 steward?

21 A. Somewhat, yes.

22 Q. Are you familiar in anticipation of preparing
23 for this arbitration with Article 9 of the contract?

24 A. No.

25 MR. ARNOLD: Please show the witness Article 9

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1 of the contract, please.

2 MR. HARRINGTON: I have an extra copy. I'll
3 show him.

4 (Witness examining document.)

5 MR. HARRINGTON: He has it.

6 THE WITNESS: Okay.

7 BY MR. ARNOLD:

8 Q. Were you ever told that you were working --
9 performing the typical duties of a position in a higher
10 pay grade?

11 A. I was told that I was functioning --

12 Q. That's a yes or no question.

13 A. I'm going to tell you what I was told.

14 Q. No. I'm just asking you: Were you ever told
15 that you had typical duties of a position in a higher
16 pay grade?

17 A. Yes.

18 Q. And what position were you told you were
19 working in that was in a higher pay grade?

20 A. I was told that I was working in a higher
21 class.

22 Q. That wasn't my question.

23 A. Well, that's how it was -- that's the answer I
24 was given.

25 Q. Well, then your answer should have been no.

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1 MR. HARRINGTON: Don't argue with the witness
2 like that. You're offensive, you know that.

3 MR. ARNOLD: You're --

4 MR. HARRINGTON: You know, he doesn't work for
5 you. He really doesn't. It's an obnoxious kind of
6 overbearing term -- a way of obnoxious to the witness.

7 MR. ARNOLD: Move to strike the comments.

8 THE ARBITRATOR: Yeah. I don't think that it
9 was intended that way, Mr. Harrington.

10 MR. HARRINGTON: I do. That's why I objected
11 to it.

12 MR. ARNOLD: You didn't object to it. You made
13 a comment on the record.

14 MR. HARRINGTON: If he has an objection to the
15 witness's testimony, he should make it to you, and you
16 can rule on it.

17 THE ARBITRATOR: All right.

18 BY MR. ARNOLD:

19 Q. Were you ever told what higher position you
20 were working in?

21 A. No.

22 Q. Were you ever told you were working as a lead?

23 A. No.

24 Q. You talked about getting a report or giving a
25 report. When you got a report -- let's take when you're

1 on an evening shift. When you got a report from the
2 day-shift person carrying the Spectralink phone, what
3 did you do with the report after you got it?

4 A. The report that I'm given -- well, what I did
5 was that information was -- I mean, me individually,
6 there's not much to do with that information. The
7 information that's being communicated is just
8 information that we need to know as far as -- you know,
9 most of the information has already been recorded. If
10 there are schedule changes, that information should
11 already be recorded.

12 Q. Right. So I'm asking you what did you do with
13 the information, just file it away in your head for the
14 shift?

15 A. Some of the information gets filed away in your
16 head. Some of the information get communicated to your
17 coworkers. And some of the information just gets left
18 alone to be on the schedule for everybody to see.

19 Q. What information -- I think you said that the
20 things that they would tell you would be about
21 cancellations, add-ons, changes in rooms, changes in the
22 order of surgeries, et cetera.

23 A. Yes. There are things of that nature. There
24 are also things such as cases that are coming up that
25 require specific setups to be made for it. If they've

1 been done. If those setups are ready to go. If those
2 set ups are incomplete, what do they need to have done
3 to them to complete them.

4 Q. What did you do with that type of information?

5 A. That type of information, I'd either complete
6 the assignment myself or post that information on the
7 whiteboard as an item needing to be done.

8 Q. And then techs would look at the board and say,
9 okay, we've got to do this?

10 A. Yeah.

11 Q. How many techs -- you talked about the ASC.
12 Approximately how many techs are scheduled on an average
13 day in the ASC?

14 A. Two to three.

15 Q. How many are scheduled in the main OR?

16 A. For the --

17 Q. Day shift.

18 A. For the day shift, six to eight.

19 Q. And do the procedures in the ASC tend to be
20 shorter procedures than in the main OR?

21 A. Yes.

22 Q. More of them -- I mean, they -- more turnover
23 the rooms during --

24 A. No.

25 Q. -- the course of a day?

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1 A. Not at all.

2 Q. So they don't -- there are lots of times when
3 the ASC OR rooms are empty?

4 A. No. It's just they don't have the volume that
5 the main operating room has. There's only 12 rooms in
6 the ASC?

7 Q. I'm talking on a per-room basis. Don't they do
8 a number of procedures in each room in ASC?

9 A. Yeah.

10 Q. And I think you testified that after some brief
11 initial period, the lead's Spectralink phone number was
12 posted?

13 A. Yes.

14 MR. ARNOLD: Can we go off the record for a
15 moment?

16 THE ARBITRATOR: Yes.

17 (Recess.)

18 BY MR. ARNOLD:

19 Q. You testified that you went from the -- the
20 Spectralink phone went from being a weekly assignment to
21 a daily assignment.

22 Do you know how that came about?

23 A. No, I don't.

24 Q. Did you write a letter requesting that it go to
25 a daily assignment?

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1 A. No, I didn't.

2 Q. You never made a request of the manager that
3 they change to a daily assignment?

4 A. No. I made a request of the manager that they
5 change it back to a weekly assignment.

6 Q. Now, you testified that if you're -- if you get
7 a call to get supplies, you get the supplies. The
8 Spectralink tech isn't the only person during the course
9 of the shift that has to go get supplies, is he?

10 A. No.

11 Q. All the techs get requests to get supplies;
12 correct?

13 A. Yes.

14 Q. And if they get a request, then they're
15 supposed to respond to the request; correct?

16 A. Of course.

17 Q. And on those occasions -- how often is it that
18 you get chained to a cell safer?

19 A. Weekly. Once a week, maybe.

20 Q. And if you are operating the cell saver and
21 can't leave and have to turn down a request that you get
22 over the phone, what -- if you know, what do the people
23 making the request do?

24 A. I don't know. They deal with it. I don't
25 know what happens on the other end of the

1 phone. I hang up.

2 Q. You never learned later that another tech was
3 located and took care of it?

4 A. No.

5 Q. And you don't inquire?

6 A. No. If they still need it, they'll call
7 me back. But if they say they can't handle it
8 themselves, then I assume that they're handling it
9 themselves.

10 MR. ARNOLD: No further questions.

11 REDIRECT EXAMINATION BY MR. HARRINGTON

12 BY MR. HARRINGTON:

13 Q. Just one. After the posting of the telephone
14 number for the lead, did the volume of calls being
15 received by the Spectralink phone change?

16 A. No.

17 MR. HARRINGTON: That's all I have.

18 MR. ARNOLD: Nothing further.

19 THE ARBITRATOR: Thank you, Mr. Granados. You
20 see, it does end at some point.

21 MR. HARRINGTON: We rest, subject to rebuttal.

22 THE ARBITRATOR: Okay. Union rests subject to
23 rebuttal.

24 Do you want to move forward, Mr. Arnold, or --
25 let's see. . . It's 20 minutes after 12:00.

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1 MR. ARNOLD: Let's take a lunch break,
2 please.

3 THE ARBITRATOR: Let's take a lunch break.
4 Okay. I've brought a sandwich, so I won't have to
5 inquire about places to eat.

6 (Lunch recess taken at 12:20 p.m., to be
7 reconvened at 1:20 p.m.)
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AFTERNOON SESSION

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1:34 P.M.

THE ARBITRATOR: So the Employer is now going to present its case in chief, and we have a witness here.

DIANE ALEJANDRO,
having first been duly sworn, was
examined and testified as follows:

EXAMINATION BY MR. ARNOLD

BY MR. ARNOLD:

Q. Can you please state and spell your name for the record.

A. Diane Alejandro -- D-I-A-N-E,
A-L-E-J-A-N-D-R-O.

Q. And are you currently employed by Stanford Hospital and Clinics?

A. Yes.

Q. How long have you worked for the Stanford Hospital and Clinics?

A. Since September of 2005.

Q. And what is your current position?

A. Administrative manager for OR anesthesia.

Q. And how long have you held that position?

A. Since January of 2007.

Q. And prior to assuming that position, what job

1 did you hold?

2 A. I was a certificated anesthesia technician.

3 Q. And who was the manager prior to your becoming
4 manager?

5 A. Alice Beltran.

6 Q. Having been an anesthesia tech at Stanford, are
7 you familiar with the anesthesia tech job position?

8 A. Yes.

9 Q. And having been an anesthesia tech, are you
10 familiar with the duties for that position?

11 A. Yes.

12 Q. And since you've been promoted to manager, do
13 you supervise the work of anesthesia techs?

14 A. Yes.

15 Q. And have you since becoming manager, remained
16 familiar with the job duties of the anesthesia tech?

17 A. Yes.

18 Q. Could you, if you would please, describe for us
19 in something of a summary fashion, not great detail,
20 what the duties are for an anesthetic tech?

21 A. Prepare and set up IV lines, invasive lines,
22 set up the -- each operating room suite specific to
23 various cases, and to include checking of the anesthesia
24 machine, stocking of the anesthesia supply cart, and
25 turnovers of rooms between cases, which includes removal

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1 of disposable anesthesia circuits, restocking of the
2 carts. Operating, setting up and disposal of the
3 cell-saver machine.

4 And also towards the end of the day, turning
5 down of each operating room suite and basically be able
6 to respond to requests from physicians and nurses and
7 other techs if need be.

8 Q. Okay.

9 THE ARBITRATOR: This would be your --

10 MR. ARNOLD: Employer 1.

11 THE ARBITRATOR: Employer 1, okay. Good.

12 (Whereupon, Employer's Exhibit No. 1 was marked
13 for identification.)

14 BY MR. ARNOLD:

15 Q. Ms. Alejandro, I'm going to show you what's
16 been marked as Employer's Exhibit No. 1, and ask you to
17 take a look at it; and after you've done so, tell me if
18 you recognize it.

19 (Witness examining document.)

20 A. Yes.

21 Q. What is it?

22 A. The job description for the anesthesia
23 technician.

24 MR. ARNOLD: I move the admission of Employer's
25 1 into the record.

1 MR. HARRINGTON: I have a question on it.

2 Voir dire the witness?

3 THE ARBITRATOR: Yes.

4 VOIR DIRE EXAMINATION BY MR. HARRINGTON

5 BY MR. HARRINGTON:

6 Q. Ma'am, on the second page it shows a date of
7 2004 in the lower left corner. Is this the current job
8 description?

9 A. This is the current -- this is what the job
10 description was when -- with what was placed for the
11 current techs that are in our department.

12 Q. So subsequent to January of 2004, this has not
13 been amended or revised?

14 A. This is what is current -- what we use
15 currently.

16 MR. HARRINGTON: Okay. No -- no objections.

17 THE ARBITRATOR: Okay. We'll accept Employer
18 Exhibit 1 into the record.

19 (Whereupon, Employer's Exhibit No. 1 was
20 received into evidence.)

21 DIRECT EXAMINATION BY MR. ARNOLD (resumed)

22 BY MR. ARNOLD:

23 Q. Now, you mentioned that one of the jobs is to
24 set up the rooms for -- for surgical cases. Could you
25 explain what it is that a tech does in order to set up

1 the rooms.

2 A. They turn on the anesthesia machine for a
3 systems self test to include there are no leaks within
4 the machine. They assure that the anesthesia supply
5 carts are appropriately stocked, and that additional
6 equipment if needed is -- is present for the cases.

7 Q. And you also mentioned that they will turnover
8 rooms or turndown rooms, I think. What does that
9 involve?

10 A. Turnover rooms?

11 Q. Uh-huh.

12 A. Removal of the disposable anesthetic breathing
13 circuit, removal of the trash, removal of the laren --
14 laryngoscope blades if used. And basically replacing
15 what was removed for the next following case.

16 Q. And you also testified that they will respond
17 to specific requests from doctors or nurses.

18 What kind of requests would those be?

19 A. Specific items that are not within the OR
20 suite. There are certain cases that require additional
21 equipment. For example, craniotomy cases require -- by
22 request by the physician, they Interco machine which is
23 located in our anesthesia work area. The use of a
24 cell-saver machine if requested by the physician, and
25 items that may be -- that are not typically stocked in

1 the operating room.

2 Q. Now, if there is going to be a specific
3 request, can requests be made during the course of a
4 surgical procedure for something from the techs?

5 A. Yes.

6 Q. How do those requests get made to a tech that
7 something is needed?

8 A. There are various ways they can get ahold of a
9 anesthesia tech, one being the landline phone that we
10 have located in our anesthetic workroom. We have
11 Spectralink phone, which is what I have here; pagers,
12 overhead paging if need be.

13 But typically, we used the Spectralink phone,
14 the landline phone and the paging system that we have
15 located in the ambulatory center.

16 THE ARBITRATOR: What's a "landline phone?"

17 THE WITNESS: The phone that's connected to the
18 wall as opposed to having a cordless phone, so it's a
19 regular telephone.

20 THE ARBITRATOR: Oh, regular telephone.

21 THE WITNESS: Yes.

22 THE ARBITRATOR: Okay.

23 BY MR. ARNOLD:

24 Q. Now, you mentioned an overhead paging system;
25 right?

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1 A. Yes.

2 Q. Can the -- does the overhead paging system work
3 inside an operating room?

4 A. Yes.

5 Q. And have you, as an anesthesia tech, had
6 occasion to hear overhead pages inside an operating
7 room?

8 A. Yes, if they're -- if someone was requesting
9 for -- you know, a person or needed to get ahold of a
10 person, the overhead paging system can be used to get in
11 contact with someone in the operating room.

12 Q. Inside an operating room?

13 A. Yes.

14 Q. And can -- using this system, can you actually
15 pick a specific OR and page in the specific OR?

16 A. Yes.

17 Q. And how about the anesthesia workroom, can you
18 hear overhead pages in the anesthesia workroom?

19 A. Yes, you can hear the overhead pages through --
20 in the anesthesia workroom.

21 Q. And is there an intercom system?

22 A. Yes.

23 Q. And can you -- can you use an intercom system
24 to communicate into the anesthesia workroom?

25 A. Yes.

1 Q. And what other types of communication systems
2 are there? You've mentioned an overhead page, regular
3 pager.

4 A. Regular pager, Spectralink phone, and we have
5 call lights located within our anesthesia workroom.

6 Q. Okay. Let's take the pagers first. Who -- are
7 there still anesthesia techs that will carry a pager?

8 A. Yes.

9 Q. And which anesthesia techs would carry a pager?

10 A. The ambulatory surgery anesthesia techs
11 specifically located in the ambulatory center carry a
12 pager at the present time.

13 Q. Now, the call light system, where is the call
14 light system located?

15 A. We have a call light system within our main
16 operating room, anesthesia workroom. We also have a
17 ComTel system in our ambulatory surgery anesthesia
18 workroom. That also includes bells -- bells in addition
19 to -- audible bells in addition to lights located in the
20 ambulatory center anesthesia workroom.

21 Q. So -- now, the call light system in the main OR
22 and in the main OR anesthesia workroom, how does that
23 work?

24 A. It will -- if they need to get ahold of an
25 anesthesia technician, the actual switch is located

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1 within each operating room, so either a nurse or an
2 anesthesiologist or any other physician can activate the
3 anesthesia specific switch to turn on the light in our
4 anesthesia workroom which will signify that attention is
5 needed for that operating room.

6 Q. So like if -- No. 8 might light up and say --
7 and that tells you that OR suite No. 8 needs something?

8 A. Correct.

9 Q. And can one call from the landline into OR
10 suite 8?

11 A. Correct.

12 Q. And speak to whoever is in that room?

13 A. Correct.

14 Q. Now, you've described all but the Spectralink
15 phone. What is the purpose of the Spectralink phone?

16 A. Basically used as a communication device.

17 Q. And why the Spectralink phone? Is it -- when
18 you have all these other systems, why do you also have
19 the Spectralink phone?

20 A. It is a device that has been used to be able to
21 directly get ahold of an anesthesia technician.

22 Q. So in case no one answers the light or no one
23 is around to answer the landline or they don't hear the
24 overhead page, you know you can get someone by using the
25 Spectralink phone?

1 A. Correct.

2 Q. And how many Spectralink phones are there in
3 use by the anesthesia techs?

4 A. We currently have four Spectralink phones for
5 the anesthesia technicians in addition to one
6 Spectralink phone designated for the lead anesthesia
7 technician.

8 Q. And does each Spectralink phone have its own
9 separate phone number?

10 A. Correct.

11 Q. So if there are only four, does that mean that
12 not every anesthesia tech carries a Spectralink phone?

13 A. Correct.

14 Q. So how is it determined -- how are the
15 assignments of the Spectralink phone made to a
16 particular anesthesia tech?

17 A. It is done basically on a rotational basis.

18 THE ARBITRATOR: Employer 2?

19 MR. ARNOLD: Please.

20 THE ARBITRATOR: Okay.

21 (Whereupon, Employer's Exhibit No. 2 was marked
22 for identification.)

23 BY MR. ARNOLD:

24 Q. Ms. Alejandro, I've shown you a document that's
25 been marked as Employer Exhibit No. 2 and ask you after

1 you look at it, tell me whether you recognize it?

2 A. Yes.

3 Q. And who prepared this document?

4 A. I did.

5 Q. And did you prepare for it for use in these
6 proceedings?

7 A. Correct.

8 Q. And tell us what it represents.

9 A. All the numbers that can be used to get ahold
10 of an anesthesia technician.

11 Q. So one of them -- where it says, third from the
12 bottom, ASC anesthesia workroom, is that a landline or
13 is the a --

14 A. Landline.

15 Q. And the second one, main OR anesthesia
16 workroom, is that a landline?

17 A. Yes.

18 Q. And then the bottom two ASC -- or the bottom
19 one, two numbers, those are regular pager numbers.

20 A. Correct.

21 MR. ARNOLD: Move the admission of Employer's
22 No. 2.

23 MR. HARRINGTON: May I inquire?

24 THE ARBITRATOR: Yes. Voir dire?

25 MR. HARRINGTON: Yes, thank you.

1 VOIR DIRE EXAMINATION BY MR. HARRINGTON

2 BY MR. HARRINGTON:

3 Q. This list was created by you when?

4 A. About two weeks ago.

5 Q. So it -- does it reflect what phones were in
6 effect -- being utilized in the department prior to
7 February of 2006?

8 A. Can you repeat the question.

9 Q. Yes. Does it reflect what phones were being
10 utilized in the department prior to February of 2006?

11 A. There was -- a phone was added due to the fact
12 that an operating room extension was added to our area.

13 Q. So which one was added that wasn't in effect
14 prior to February of 2006?

15 A. The main OR extension Spectralink and the ASC
16 anesthesia beepers because we have relocated to a
17 different area.

18 Q. So is it your testimony that with those
19 exceptions, this would represent what phone contacts
20 existed prior to February of 2006?

21 A. In addition to the ASC add, we always had the
22 workroom phone, so just the anesthesia beepers and the
23 main OR extension Spectralink.

24 MR. HARRINGTON: Okay. No objection with those
25 notations.

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1 THE ARBITRATOR: Okay. Thank you.

2 DIRECT EXAMINATION BY MR. ARNOLD (resumed)

3 BY MR. ARNOLD:

4 Q. What about the top -- the top number, the lead
5 Spectralink phone, was that in existence prior to
6 February of '06?

7 A. The -- there was no lead.

8 Q. So there was no lead anesthesia Spectralink
9 phone?

10 A. Before February of 2006.

11 Q. Okay.

12 THE ARBITRATOR: So that would also be a phone
13 number -- phone that didn't exist then. So there were
14 three out of --

15 THE WITNESS: Correct.

16 THE ARBITRATOR: -- three out of the eight
17 items listed as phone numbers on this Employer Exhibit 2
18 are lines that did not exist in February of 2006.

19 And by the way, he has no objection to this
20 exhibit.

21 I take it you wanted to move it into the
22 record?

23 MR. ARNOLD: Yes.

24 THE ARBITRATOR: Okay. We'll accept Employer
25 Exhibit 2.

1 (Whereupon, Employer's Exhibit No. 2 was
2 received into evidence.)

3 BY MR. ARNOLD:

4 Q. Does it require any special training to carry
5 and operate the Spectralink phone?

6 A. Can I move back to the other question -- for
7 this past question? This number I believe.

8 Q. You're pointing at?

9 A. The lead Spectralink phone. This number was, I
10 believe to my recollection -- I can't remember, but this
11 phone was used by -- the manager, I believe, at that
12 time had the phone.

13 THE ARBITRATOR: But not by the normal AT -- or
14 manager could get ahold of the ATs then that way?

15 THE WITNESS: Meaning that she -- she was
16 holding that phone.

17 THE ARBITRATOR: So it was the same number, but
18 instead of being assigned to the lead anesthesia tech?

19 THE WITNESS: There was no lead anesthesia tech
20 before February 2006.

21 THE VIDEOGRAPHER: Okay.

22 BY MR. ARNOLD:

23 Q. So the manager carried that Spectralink phone
24 prior to February 2006?

25 A. Yes.

1 Q. These are all currently operable Spectralink
2 phone, landlines or beepers?

3 A. Yes.

4 Q. Now, I think I'll ask again: Does it require
5 any special training to carry and operate the
6 Spectralink phone?

7 A. No.

8 Q. It operates pretty much like a cell phone?

9 A. Correct.

10 Q. And does carrying the Spectralink phone involve
11 more work for the particular tech who is carrying it?

12 A. It is assigned as a task -- daily task.

13 MR. HARRINGTON: Move to strike as
14 nonresponsive.

15 MR. ARNOLD: I think that I move to strike as
16 nonresponsive, but --

17 THE ARBITRATOR: Yes. It isn't quite
18 responsive.

19 Could you read the question, Ms. Reporter,
20 please.

21 MR. ARNOLD: And I'll follow up if that's okay,
22 if I follow up.

23 THE ARBITRATOR: Okay. Whatever you like.

24 BY MR. ARNOLD:

25 Q. Can the -- can it result in a heavier workload

1 for the person carrying the Spectralink phone?

2 A. No.

3 Q. Do they -- do they tend to get a lot of calls
4 on the Spectralink phone?

5 A. There are calls made to the Spectralink phone,
6 yes.

7 Q. And if they get a call, are they expected to
8 respond to it in some way?

9 A. Yes.

10 Q. And are they expected to always do it -- do
11 whatever the request is on their own?

12 A. They can, you know, ask their fellow colleagues
13 for assistance if need be.

14 Q. And did you carry the Spectralink phone when
15 you were an anesthesia tech?

16 A. Yes.

17 Q. To the extent you can do so, can you give us
18 some kind of assessment on your part of how often the
19 Spectralink phone might typically ring when someone is
20 carrying it during a shift?

21 A. When I was an anesthesia tech, I worked the day
22 shift, so I would be responding to what a day shift
23 would typically --

24 Q. Okay. Can you tell us what you might think
25 would be typical for a day shift anesthesia tech.

1 A. On average how many calls?

2 Q. Right.

3 A. On a shift?

4 Q. However you might -- if you need to break it
5 down some other way, by the hour, by the shift, however.

6 A. Probably by the hour, about maybe five to six
7 times.

8 Q. Now, if a tech is not carrying a Spectralink
9 phone on a particular shift, if they're in the workroom
10 and the landline rings, is the tech expected to answer
11 that?

12 A. Yes.

13 Q. And if it's being -- if it's a request being
14 made, is the tech expected, if they can, to respond to
15 the request?

16 A. Yes.

17 Q. And if a tech is not carrying a Spectralink
18 phone and they're in the room and they see a call light,
19 are they expected to respond to the call light?

20 A. Yes.

21 Q. And if an overhead page is made for an
22 anesthesia tech, are all of the anesthetic techs
23 supposed to respond if they're available?

24 A. Yes.

25 Q. When an anesthesia tech is carrying a

1 Spectralink phone, does that give the tech carrying the
2 phone any additional authority or responsibility over
3 other techs?

4 A. No.

5 Q. Can the person carrying the Spectralink phone,
6 the anesthesia tech, can they require another tech to
7 change what they're doing or to do something they asked
8 them to do?

9 A. Can you repeat the question?

10 Q. Can they require another tech to perform a
11 particular task or to change another tech's assignment?

12 A. Not change assignments. If they need
13 assistance in a task.

14 Q. Can they require the person to do it or can
15 they ask a person to do it?

16 A. They can ask a person to do it.

17 Q. If the person says no, do they have the
18 authority to make them do it?

19 A. They would, you know, ask me as a manager for,
20 you know, assigning tasks.

21 Q. Okay. Now, I think you've already said that
22 prior to February 2006, there was no lead anesthesia
23 tech. Subsequent to February 2006, was there -- was --
24 has there been a lead anesthesia tech position?

25 A. Before February?

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1 Q. Subsequent to -- after.

2 A. After February 2006, yes.

3 Q. And was -- has it been filled for at least part
4 of that time since February 2006?

5 A. Yes.

6 Q. And are you familiar with the lead anesthesia
7 tech position?

8 A. Yes.

9 THE ARBITRATOR: Am I to understand that that
10 position is still open and still being filled today, or
11 has it been disbanded? I thought we had some
12 information to that effect earlier.

13 MR. ARNOLD: No, we don't. We have some
14 information on that. I will ask. I'm going to ask
15 questions on that.

16 THE ARBITRATOR: Okay.

17 This will be marked as the next in order for
18 the Employer, which will be 3.

19 MR. ARNOLD: It should be 3, and I marked it 4.
20 I'm sorry.

21 THE ARBITRATOR: It should be 3.

22 (Whereupon, Employer's Exhibit No. 3 was marked
23 for identification.

24 BY MR. ARNOLD:

25 Q. Ms. Alejandro, I'm going to ask you to look at

1 Employer's 3 and after you've done so, please tell me if
2 you recognizes that document.

3 (Witness examining document.)

4 A. Yes.

5 Q. Can you tell us what it is, please?

6 A. The job descriptions for the lead anesthesia
7 technician.

8 Q. And is it the current job description for the
9 lead anesthesia tech?

10 A. Yes.

11 MR. ARNOLD: I move the admission of Employer's
12 3.

13 MR. HARRINGTON: Just a moment, please.

14 No objection.

15 THE ARBITRATOR: Okay. We'll accept Employer's
16 Exhibit 3 into the record.

17 (Whereupon, Employer's Exhibit No. 3 was
18 received into evidence.)

19 BY MR. ARNOLD:

20 Q. Is the lead anesthesia tech position presently
21 filled?

22 A. No.

23 Q. Is it posted?

24 A. Not yet.

25 Q. Do you intend to refill it?

1 A. Yes.

2 Q. It hasn't been abandoned?

3 A. No.

4 Q. And up until when -- when was the position
5 filled?

6 A. To my knowledge, March of 2006.

7 Q. And when did it become vacant?

8 A. March of -- the end of March of 2007.

9 Q. So it was recently vacated?

10 A. Correct.

11 Q. Can you tell us again when you became the
12 manager?

13 A. January of 2007.

14 Q. So between January of 2007 and the end of March
15 2007, did you, as manager, work with the lead anesthesia
16 tech?

17 A. Yes.

18 Q. And did you have personal knowledge of the
19 duties of a lead anesthesia tech's position?

20 A. Yes.

21 Q. And to your knowledge, do you expect those
22 duties to be re -- remain the same if and when it's
23 filled again?

24 A. Yes.

25 Q. Tell us, if you could, describe it in your own

1 words, what are the job duties of the lead anesthesia
2 tech?

3 A. Overseeing of the anesthesia workroom, assist
4 in the -- assist management -- manager of anesthesia
5 to -- with evaluations, performance of the anesthesia
6 technicians, monitor and -- to ensure that the techs are
7 following the lunch breaks and/or -- and lunches for the
8 day. And basically work side by side with the manager.

9 Q. Can they change an anesthetic tech's assignment
10 during the course of the day?

11 A. If I'm not present and their need -- changes
12 need to be made because of either a sick call or, you
13 know -- yes.

14 Q. And if there's a sick call and you're not
15 present, do they have any role in arranging for someone
16 to come in and replace the person who is sick?

17 A. If need be, yes.

18 Q. And you said a system evaluation. How do they
19 assist in the evaluation performance?

20 A. They would provide their input in regards to
21 any type of conduct that may have occurred within the
22 anesthetic workroom. They would also assist in -- with
23 the interviewing process for -- for techs that are hired
24 into the department.

25 Q. Do they make the hiring decision?

1 A. No.

2 Q. So how do they assist in the interview process?

3 A. They participate as a panel in the interview
4 and work alongside asking questions during the interview
5 process. They can provide their input, but it's the
6 management basically that just makes the final decision.

7 Q. And during the time that you -- that the
8 anesthesia tech position has been in existence -- and
9 I'm asking you now based both on your experiences as an
10 anesthesia tech and as an manager, how many lead
11 anesthesia techs have there been at one time?

12 A. One.

13 Q. What shift did that lead anesthesia tech work?

14 A. She had worked a majority of the day shift.

15 Q. Sometimes work other shifts?

16 A. Majority of the -- what do you mean by other
17 shift?

18 Q. Well, night shift, the evening shift. You said
19 a majority day shift. Did she work the day shift?

20 A. Yes.

21 Q. Now, on the day shift approximately how many --
22 not counting of the lead, approximately how many
23 anesthesia techs would work the day shift in the main
24 OR?

25 A. Specifically in the main OR for that area

1 alone, approximately five to six.

2 Q. And how many in the main OR work the evening
3 shift?

4 A. Approximately, four.

5 Q. And, again, in the main OR, what about the
6 night shift?

7 A. Two.

8 Q. I know there are -- we talked about day,
9 evening, nights. Are there any other shifts that techs
10 in the main OR work?

11 A. Yes.

12 Q. What would those shifts be?

13 A. We have designation shifts for the ambulatory
14 center, which include from 6:00 to 2:30 and 9:00 to
15 5:30, and then we have mid shifts. So we have one 9:00
16 to 5:30 and two mid shifts, 10:45 to 7:15 p.m.

17 Q. And they work where?

18 A. Within the main operating room.

19 Q. Okay.

20 A. And they sometimes are utilized as a float for
21 the ambulatory center.

22 Q. Okay. So we have -- and what about OR, is
23 there someone -- is there a tech that is assigned on a
24 dedicated basis to the main OR extension?

25 A. Yes. There is a designated tech, and it is

1 based on a rotational basis.

2 Q. So there's one -- is there at the time or can
3 there be more than one in the main?

4 A. There's one person that's designated to hold a
5 main OR extension Spectralink phone.

6 Q. And apart from the main OR, the main OR
7 extension, the ambulatory surgical center, is there any
8 other assignments -- tech assignment?

9 A. As far as -- can you repeat the question.

10 Q. Okay. Well, you've described the main OR.

11 A. Yes.

12 Q. You've described the ambulatory surgical
13 center.

14 A. Uh-huh.

15 Q. You've described the main OR extension. Is
16 there any other assignment given to anesthesia techs
17 other than one of those three?

18 A. We have the outer department area that we also
19 cover.

20 Q. And what sort of -- when you say out of area,
21 what's the nature of that particular assignment?

22 A. It encompasses different units we cover to
23 include MRI, endoscopy, cath lab, east radiology, CAT
24 scan.

25 Q. And how many -- how many techs have that

1 assignment at any one time?

2 A. One tech is designated and utilizes a
3 out-of-department Spectralink phone for that area.

4 Q. You've described -- are there any other duties
5 that you can think of that the lead anesthesia tech has
6 that you haven't described?

7 A. Aside from monitoring anesthesia tech's
8 performance, overseeing of the workroom, participating
9 in interviews and assignment of tasks if there is sick
10 calls and/or overtime needed.

11 Q. They can authorize overtime?

12 A. If I'm not present and we do need people
13 because we're shortstaffed, they would be able to -- you
14 know, to take part in that.

15 Q. Okay. And are there any forms that they're
16 responsible for?

17 A. Yeah. There are a couple of forms that they --
18 that the tech had -- the leads tech utilizes.

19 Q. What are those forms?

20 A. There's an environment checklist that is used
21 at the end of each month and the malignant hypothermia.

22 Q. Okay. Let's take the first one. What did you
23 call the first form?

24 A. Environmental -- EOC checklist.

25 Q. What is their responsibility with respect to

1 that?

2 A. At the end of each month, they use this form to
3 ensure that our workroom is compliant with all the
4 listed items on that list.

5 MR. ARNOLD: I'm going to show you a document
6 that has been marked as Employer's 4.

7 THE ARBITRATOR: Okay. Thank you.

8 (Whereupon, Employer's Exhibit No. 4 was marked
9 for identification.)

10 BY MR. ARNOLD:

11 Q. Again, I'll ask you to look at the document and
12 after you've had an opportunity to do so, tell me if you
13 recognize the document.

14 (Witness examining document.)

15 A. Yes.

16 Q. Can you tell us what it is, please?

17 A. An EOC checklist form.

18 Q. And is this the form that you were referring to
19 that the lead tech completes once a month?

20 A. Correct.

21 Q. And now that there's currently not a lead tech,
22 who is responsible for completing this form?

23 A. I am.

24 MR. ARNOLD: Can we go off the record for just
25 one second? I'm sorry.

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1 THE ARBITRATOR: Yes, of course.

2 (Discussion off the record.)

3 BY MR. ARNOLD:

4 Q. Is there something called a gray bar?

5 A. Yes.

6 Q. Can you tell us what a gray bar is?

7 A. It accesses a timecard.

8 Q. And does the lead have any responsibility with
9 respect to the gray bar?

10 A. Yes, to an -- yes.

11 Q. What are the responsibilities with respect to
12 the gray bar?

13 A. When the lead tech came in in the morning, she
14 would take down the gray bar and put it inside the -- my
15 office. She would also make any notations of
16 discrepancies with the times for each -- if there were
17 any discrepancies with the -- with the tech's sign in or
18 sign out --

19 Q. Okay.

20 A. -- and/or lunches.

21 Q. Can the -- can the lead anesthesia tech
22 discipline anesthesia techs?

23 A. Can you repeat the question.

24 Q. Can the lead -- does the lead anesthesia tech
25 have authority to discipline other anesthesia techs?

1 A. To what -- to what extent?

2 Q. Warnings, suspensions, discharge.

3 A. No. I -- I would be the one that would take
4 part in that.

5 Q. Can they discuss performance or conduct -- do
6 they have the authority to discuss performance or
7 conduct of other anesthesia techs with those techs?

8 A. Yes. They can provide their input.

9 Q. Okay. Can they provide directly to the
10 anesthesia tech or only to you?

11 A. As far as?

12 Q. If they observe an anesthesia tech performing
13 something improperly or not performing something.

14 A. Yes, they can coach -- you know, consult.

15 Q. But they can't engage in formal discipline?

16 A. Not in formal discipline.

17 Q. Now, I believe you said there's a phone that's
18 dedicated for the use of the lead anesthesia techs; is
19 that correct?

20 A. Yes.

21 Q. And now that there is presently no lead
22 anesthesia tech, who carries that Spectralink phone?

23 A. I do.

24 Q. Do you assign it to other anesthesia techs to
25 carry?

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1 A. No.

2 Q. On the days off of the lead anesthesia tech,
3 when the lead anesthesia tech still held the position,
4 was that phone assigned to regular anesthesia techs?

5 A. No.

6 Q. What about on the shifts other than the day
7 shift when the lead anesthesia tech would not be
8 present, such as the evening or night shift, was the
9 Spectralink phone for the lead anesthesia tech given to
10 an anesthesia tech?

11 A. No.

12 Q. What sort of calls would the lead anesthesia
13 tech receive over that phone?

14 MR. HARRINGTON: No foundation.

15 BY MR. ARNOLD:

16 Q. You now carry the lead anesthesia tech phone;
17 correct?

18 A. Yes.

19 Q. What kind of calls do you get on the lead
20 anesthesia tech phone?

21 A. Calls that will require things that cannot --
22 that cannot be addressed or that need -- other
23 anesthesia techs contact the lead tech for assistance in
24 a matter that cannot be addressed. Physician requests
25 that cannot be answered and/or assistance in the general

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1 area in the general workroom -- anesthetic workroom
2 where help is needed.

3 Q. If a physician or a nurse has a complaint about
4 an anesthesia tech or a service that the anesthesia tech
5 is or is not providing to them, who do they call?

6 A. They either call the lead tech phone or they
7 can call my office and/or they can beep me.

8 Q. You carry a beeper?

9 A. Correct.

10 Q. When you're not carrying the Spectralink phone,
11 you don't have your own Spectralink phone as a manager?

12 A. No.

13 Q. Are you familiar with the form called the
14 malignant hypothermia form?

15 A. Yes.

16 Q. And what is that form used for?

17 A. It ensures compliance with the malignant
18 hypothermia cart to ensure that the cart is locked when
19 not in use.

20 Q. And who fills it out on -- is it filled out on
21 daily basis?

22 A. Yes.

23 Q. How many times a day is it filled out?

24 A. Once.

25 Q. What time of day it is filled out? Do you know

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1 which shift?

2 A. It's typically assigned on the day shift.

3 Q. And what's involved in filling it out on a
4 daily basis?

5 A. A tech is assigned on a daily basis to initial
6 on each day, so per day to ensure a lock is in place and
7 to make a record of that lock number; and if a lock
8 number is not in place, to inform pharmacy.

9 Q. And how long does it take to do that function
10 on a typical day?

11 A. A couple seconds.

12 MR. ARNOLD: I don't think I moved the
13 admission of Employer's 4.

14 THE ARBITRATOR: Okay.

15 MR. ARNOLD: I'd like to do so now.

16 MR. HARRINGTON: No objection.

17 THE ARBITRATOR: No objection. Okay. We'll
18 accept Employer Exhibit 4, and we have something else
19 now that's marked as Employer Exhibit 5.

20 (Whereupon, Employer's Exhibit No. 4 was
21 received into evidence.)

22 (Whereupon, Employer's Exhibit No. 5 was
23 marked for identification.)

24 BY MR. ARNOLD:

25 Q. Now, I'm showing you a document that's been

1 marked as Employer's 5, and I'll ask you to look at it
2 and tell me if you recognize it.

3 (Witness examining document.)

4 A. Yes.

5 Q. And is this the malignant hypothermia form that
6 you just testified to?

7 A. Yes.

8 Q. And does the lead tech have any
9 responsibilities with regard to this form?

10 A. Yes.

11 Q. What are those responsibilities?

12 A. The lead tech ensures on a monthly basis, at
13 the end of each month, that there is a record of a lock
14 number and a technician's initial on each day.

15 Q. And then is this maintained on file somewhere?

16 A. Yes. It actually gets sent to the compliance
17 manager, and that is when -- and it's on a monthly
18 basis.

19 Q. And we've had some -- we've had this mentioned
20 several times. If you know, can you tell us what is
21 "malignant hypothermia?"

22 A. Malignant hypothermia is a condition that can
23 be -- be hereditary and be passed on. So if there is
24 any -- when undergoing a patient history and they are
25 aware that there is possible -- that this patient has a

1 malignant hypothermia precaution, we are informed; and
2 it's notated on the OR schedule that we need to take
3 special precautions for this type of case where they
4 might utilize this cart.

5 Q. But what is the hypothermia? Does that mean
6 that they could have a sudden change in body
7 temperature?

8 A. Sudden increase in body temperature.

9 Q. And that can happen during the surgical
10 procedure?

11 A. Correct.

12 MR. ARNOLD: Move the admission of Employer's
13 5.

14 MR. HARRINGTON: No objection.

15 THE ARBITRATOR: Okay. We'll accept Employer
16 Exhibit 5.

17 (Whereupon, Employer's Exhibit No. 5 was
18 received into evidence.)

19 BY MR. ARNOLD:

20 Q. Now, prior to becoming a manager and when you
21 were working as a anesthesia tech, there was a time
22 period there was also a lead; isn't that correct?

23 A. Yes.

24 Q. To your knowledge, prior to the becoming a
25 manager, did the then-manager ever assign the lead tech

1 Spectralink phone to any anesthesia tech other than the
2 leads when the lead wasn't present?

3 A. Not to my recollection.

4 Q. And when the lead anesthesia tech wasn't
5 present, to your knowledge, did the manager ever assign
6 the lead tech anesthesia role to another anesthesia
7 tech?

8 A. Not to my recollection.

9 MR. ARNOLD: No further questions on direct.

10 THE ARBITRATOR: Okay.

11 MR. HARRINGTON: I have some questions, but I'd
12 like to take a moment to consult.

13 THE ARBITRATOR: Okay. Certainly.

14 MR. HARRINGTON: Take five minutes or so.

15 THE ARBITRATOR: Yes. Let's go off the record,
16 please.

17 (Recess.)

18 CROSS EXAMINATION BY MR. HARRINGTON

19 BY MR. HARRINGTON:

20 Q. So, Ms. Alejandro, I also have some questions
21 for you concerning your testimony and the subject matter
22 of our arbitration.

23 When did you first become an employee of the
24 hospital in any capacity?

25 A. September of 2005.

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1 Q. Okay. And in September of 2005, you were a
2 certified anesthesia tech?

3 A. Correct.

4 Q. All right. And who was the manager of the unit
5 at that time?

6 A. Alice Beltran.

7 MR. ARNOLD: You're going to have to speak up.
8 BY MR. HARRINGTON:

9 Q. And, unfortunately, although I'm sitting here,
10 she's sitting there, so kind of talk more loudly than
11 you might feel comfortable with. Okay?

12 A. Sure.

13 Q. All right. And when you became an employee of
14 the hospital as a tech, were you assigned on the day
15 shift?

16 A. Yes.

17 Q. Okay. And did you always work on the day shift
18 after you first became an employee?

19 A. Yes.

20 Q. Did you ever perform a relief shift or an extra
21 shift on any of the other shifts that were available?

22 A. There are times I'd come in early -- earlier
23 than my shift to assist in -- to cover for a portion of
24 the night shift --

25 Q. Okay.

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1 A. -- and/or stayed later to assist for the
2 evening shift.

3 Q. So in those cases, you would be working part of
4 another shift, basically?

5 A. Yes.

6 Q. Okay. And you assumed your present position,
7 as you told us, I believe, in January of 2007?

8 A. Yes.

9 Q. And you replaced Ms. Beltran?

10 A. Yes.

11 Q. So between 2005 when you came and January of
12 2007, you were working as a bargaining unit certified
13 anesthesia tech?

14 A. Yes.

15 Q. Okay. And during that time between 2005 and
16 2007, did you have the assignment from time to time on
17 your shift to carry the Spectralink phone?

18 A. Yes.

19 Q. And would you find out that you had the
20 assignment by looking at a work schedule?

21 A. Assignment sheet.

22 Q. Assignment sheet. And in the period 2005 to
23 2007, was the Spectralink phone that was used in the
24 main OR, if you can recall, assigned on a weekly basis
25 or on a daily basis?

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1 A. I can't remember.

2 Q. Okay. Do you remember having the assignment,
3 yourself, in the periods of 2005 to roughly the early
4 part of February 2006?

5 A. Of holding the phone?

6 Q. Yes.

7 A. Yes.

8 Q. Okay. And do you recall how many occasions
9 there were where you had that assignment between the
10 time you became an employee and approximately the middle
11 of February 2006?

12 A. Once every couple of days.

13 Q. Okay. So would that suggest that it was done
14 on a daily or something like a daily basis?

15 A. To that extent.

16 Q. All right. 'Cause it was rotated among the
17 techs on the shift?

18 A. Correct.

19 Q. Okay. And between 2005 and approximately the
20 middle of February 2006, when you had the assignment to
21 carry the Spectralink phone for the main OR, did you get
22 paid a differential of 5 percent?

23 A. Yes. To a certain period of time.

24 Q. And do you remember when the certain period of
25 time was when it stopped?

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1 A. Last year, but I can't specify the date.

2 Q. All right. Was it your understanding that all
3 other techs who similarly had that assignment with the
4 Spectralink phone, also got paid a differential?

5 A. Correct.

6 Q. And is it your testimony that, based on your
7 own experience, you would receive, roughly, five to six
8 calls per hour during your shift on those days that you
9 had the Spectralink phone on that particular phone?

10 A. Approximately, yes.

11 Q. All right. So that's approximately 40 to 48
12 calls per day; correct?

13 A. Uh-huh.

14 Q. On that phone?

15 A. Yes.

16 Q. All right. And did you also receive additional
17 calls or requests for assistance in some other fashion
18 during the day not coming through the Spectralink phone?

19 A. Can you repeat the question?

20 Q. Okay. So let's pick a day. It's Monday of
21 some month and you have the Spectralink phone that's
22 used in the main OR. We're talking about '05 through
23 February of '06. On the Spectralink phone you would
24 receive approximately five to six calls per hour; is
25 that correct?

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1 A. Yes.

2 Q. Directed specifically to that telephone?

3 A. Correct.

4 Q. Right. 'Cause that's a direct dial number and
5 people are calling that number specifically; correct?

6 A. Correct.

7 Q. All right. And you were told that your
8 responsibility was to directly deal with those calls as
9 soon as possible when you got them; isn't that correct?

10 A. Yes.

11 Q. And were you always told to prioritize those
12 calls as opposed to other things you were doing at the
13 time?

14 A. Was I told to?

15 Q. Yes. Or did you -- either told or did you
16 acquire the understanding that that was your duty?

17 A. I prioritized based on what requests were
18 asked.

19 Q. So if you got a Spectralink phone call on that
20 particular day that we're talking about from an
21 anesthesiologist who said I need something in the OR,
22 you'd prioritize that as an immediate response; is that
23 right?

24 A. To -- depending on what calls I received, yes.

25 Q. All right. And the prioritizing was something

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1 you exercised your judgment about; is that right?

2 A. Correct.

3 Q. And if you felt that particular call could wait
4 a few minutes until you finished what you were doing,
5 you would exercise your judgment that way?

6 A. Yes.

7 Q. Right. So did you have an understanding that
8 in general that was the way the phone was handled by
9 other techs as well, that they would respond to each
10 individual call that they got by exercising their
11 judgment about how to do something?

12 A. Correct.

13 Q. Okay. So with respect to these five to six
14 calls an hour that you would be getting, you would also
15 have your own regular assignment on the assignment
16 sheet, would you not?

17 A. Yes.

18 Q. And what other kinds of regular assignments
19 would you get on this particular Monday, by way of
20 example, in addition to carrying the Spectralink phone?

21 A. Typically depending on what shift --

22 Q. Let's talk about the day shift as I understand
23 that's your primary experience. What might you be
24 assigned?

25 A. So for the day shift, a person that would be

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1 assigned the Spectralink phone for the day would also
2 get assigned to initial that malignant hypothermia cart
3 checklist.

4 Q. We got as our Exhibit 5?

5 A. Correct.

6 Q. Okay.

7 A. And also to place an order for some equipment,
8 such as a olaris pumps, which are infusion pumps that we
9 use, and we store in our general work area. If we are
10 low in count, we just place a call to central
11 distribution and place an order as to how many we need
12 to obtain to restock our inventory of those pumps.

13 Q. Okay. And was there -- so the signing off on
14 the malignant hypothermia cart or checklist, and
15 determining whether a call should be made for the olaris
16 pumps was also a duty, as you understood it, associated
17 with the carrying of the Spectralink phone; is that
18 right?

19 A. Typically what is assigned, yes --

20 Q. Okay.

21 A. -- when that person is holding that -- assigned
22 that Spectralink phone.

23 Q. And did you also have the assignment to assist
24 in various operating room duties during your shift like
25 everyone else?

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1 A. Yes. They would perform the regular duties as
2 a anesthesia tech.

3 Q. So the handling of the five to six calls per
4 hour plus these other duties that you've indicated, were
5 in addition to the normal anesthesia tech duties that
6 you had that particular day?

7 A. On that assignment sheet, I also had other
8 techs assigned to other Spectralink phone to designate
9 for different units they need to cover.

10 Q. All right. But none -- only one was in the
11 main OR; right?

12 A. Yes.

13 Q. Okay. And is it correct that the main OR has
14 at its maximum capacity about 21 suites operating?

15 A. Correct.

16 Q. And are there typically numerous cases which
17 are performed during the day in those 21 suites?

18 A. Yes.

19 Q. And is it true that the more significant or
20 serious medical procedures are performed in the main OR?

21 A. It various, yes.

22 Q. But craniotomies and heart surgeries and
23 transplants, those kinds of things, are in that
24 operating area, are they not?

25 A. Yes. But we also do have a main OR extension

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1 that we have included into our operating room that are
2 acting as main OR cases.

3 Q. All right. So they might get similar kinds of
4 more serious, if you will, procedures there?

5 A. They will -- they will get main OR cases.

6 Q. Okay. When you have the Spectralink phone --
7 and let's, again, go back to this hypothetical, if you
8 will, Monday that we're talking about. At the end of
9 your shift, did you have any understanding of what you
10 were supposed to do with the phone?

11 A. And are -- am I asking this as a tech prior --

12 Q. Yeah. As the tech when you had it as the
13 assignment of the -- going back now to this day. At the
14 end of your shift, what, if anything, were you told you
15 were supposed to do with the phone?

16 A. At the end of the shift, the person that had
17 the phone from the day shift, basically it was given to
18 the next shift, so it was handed over to the next shift.

19 Q. And did you have an understanding that in
20 connection with that handover, you were to provide a
21 report of some sort as to the status of the main OR at
22 that point in time?

23 A. Yes.

24 Q. Okay. And did you likewise, if it was a day
25 where you had the Spectralink phone, get a report from

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1 the off-going night shift which would give you
2 information about the status of the OR at that time?

3 A. The night shift giving report to the day shift?

4 Q. Yes.

5 A. Yes.

6 Q. Okay. And what kinds of information did you
7 provide to the oncoming shift when you had the
8 Spectralink phone as part of your assignment?

9 A. Any changes in the OR schedule.

10 Q. Okay. Well, is it also true that that
11 information was available on a whiteboard somewhere in
12 the unit?

13 A. On a greaseboard.

14 Q. On a greaseboard.

15 A. Yes.

16 Q. Do you know why you were asked to give a verbal
17 report if it was otherwise available someplace else?

18 A. There are calls that the -- there are some --
19 they are calls that we received in the anesthetic
20 workroom that the clerks and the front desk will either
21 call our anesthesia workroom phone and/or this
22 Spectralink phone to -- if there was any changes made to
23 the OR schedule.

24 Q. So are you saying that it might not be the case
25 that changes had been recorded -- they might not have

1 yet been recorded; is that why you would give a verbal?

2 A. May not have been recorded.

3 Q. Right. My original question was: If this
4 information about the status of the add-ons and cancels,
5 et cetera, is on the board, do you know why you were
6 asked to provide a verbal report to the oncoming shift?

7 A. Why -- why we were asked to give a verbal
8 report?

9 Q. No. Why was that part of the Spectralink phone
10 assignment, if you know.

11 A. It wasn't designated as an assignment. I mean,
12 it was just -- you know, if there was any changes that
13 were relayed either, you know, from the anesthetic
14 workroom or from the phone itself, just something that
15 you would hand over to your colleague and just inform as
16 a way -- you know, 'cause we all work as a team, so --

17 Q. But is it correct that on the shift where there
18 was the Spectralink phone being used in the main OR,
19 only that tech had the duty, if you will, to convey that
20 information to the person coming on who was going to
21 assume the Spectralink phone?

22 A. I wouldn't consider -- I wouldn't consider it a
23 duty. It would basically just be -- you know, assuring
24 that we're receiving the same type of communication from
25 shift to shift.

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1 Q. Well, it was part of the assignment. Putting
2 aside the word "duty," you understood that it was part
3 of the assignment of carrying the phone; is that right?

4 A. As part of giving -- of handing off the
5 phone --

6 Q. Right.

7 A. -- to next shift?

8 Q. Yes.

9 A. Is that what you're --

10 Q. Yes. That's all I'm asking. You agree with
11 that?

12 A. Yes.

13 Q. And when you had the phone on those days when
14 it was assigned to you, is it true that you would code
15 your timecard with a code RHC?

16 A. Are you referring back to when I was a tech?

17 Q. Yes.

18 A. I believe so, yes.

19 Q. And you understood that that was the code which
20 triggered your payment of the premium; is that correct,
21 the 5 percent?

22 A. Yes.

23 Q. Employer Exhibit 4 which you looked at earlier
24 which is the anesthesia workroom compliance doc -- audit
25 document --

1 A. Uh-huh.

2 Q. -- it says revised March of '06. Do you know
3 whether there was a form of this kind in existence prior
4 to March?

5 A. I don't know.

6 Q. Okay. And you're saying that this is a form
7 which was to be filled out by the lead on a monthly
8 basis; is that your testimony?

9 A. Correct.

10 Q. Exhibit 2 which is the listing of the various
11 telephones that you talked to us about, there wasn't a
12 lead anesthesia tech Spectralink phone in use prior to
13 February of '06, was there?

14 A. There was no lead tech phone, yes.

15 Q. And after the lead tech phone was added, the
16 main OR Spectralink phone continued to be used; did it
17 not?

18 A. Correct.

19 Q. And it continued to be used in the very same
20 way it had been used prior to February of '06; is that
21 correct?

22 A. Correct.

23 Q. Okay. The ASC anesthesia beepers that you
24 referred to are relatively new; is that right?

25 A. Correct.

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1 Q. And that's because there's a new ASC facility
2 that's been put up; is that right?

3 A. Correct.

4 Q. And the phones don't work there?

5 A. The phones currently work there.

6 Q. And do you know why the beepers are used there
7 as opposed to a -- some other means of communication?

8 A. Currently?

9 Q. Yes.

10 A. It is used, aside from the anesthetic -- ASC
11 Spectralink, to get ahold of other techs that are in the
12 -- that general work area.

13 Q. When did this facility where these beepers are
14 used come on line? When did it become operating; do you
15 know?

16 A. These beepers were implemented when the new ASC
17 opened which was January -- the end of January of this
18 year.

19 Q. 2007?

20 A. Correct.

21 Q. Okay. Now, you described a situation where, in
22 terms of the duties of the anesthesia techs, there is a
23 fair amount of preparation for the various surgeries,
24 including testing of equipment and setting equipment up;
25 is that correct?

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1 A. Yes.

2 Q. And then in individual cases, as may be
3 required, they have to obtain additional special
4 supplies or equipment; is that right?

5 A. Yes.

6 Q. And do you know, are there also certain
7 physicians who require certain kinds of -- or
8 anesthesiologists, rather, who require certain kinds of
9 additional material based on their own preference?

10 A. Yes.

11 Q. Is that within the job function of the
12 anesthesia tech, to get that and get it in the room?

13 A. Yes.

14 Q. Do the techs remain in a room when the
15 procedure is ongoing -- the surgical procedure?

16 A. No.

17 Q. Okay.

18 A. Unless there's a cell saver that needs to be
19 operated.

20 Q. On a given shift are the assigned techs rotated
21 among the various suites -- among the 21 suites that
22 you've got, the -- on the day shift you told us the
23 staffing is typically five to six techs assigned in the
24 main OR?

25 A. In the main OR, and then we have the ASC, and

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1 then we have the main OR extension, and then we have the
2 outer department techs.

3 Q. You gave us staffing for all of those which are
4 the typical staffing?

5 A. So when I mean five to six, I meant in the
6 general main --

7 Q. Main OR?

8 A. Yeah.

9 Q. We have main -- maximum of about 21 operating
10 suites potentially in use?

11 A. Correct.

12 Q. So after doing their activity in suite A, then
13 the techs would then rotate through the other suites, as
14 necessary, during the shift to set up additional
15 equipment that you described; is that right?

16 A. Yes.

17 Q. Okay. Now, I'm -- I want to understand your
18 discussion about pagers -- pagers and pages, so we're
19 clear on this. Pager is the belt mounted or some other
20 device that's carried where you can be beeped; is that
21 right?

22 A. Right.

23 Q. Okay. During the shift in the main OR, are
24 pagers carried by any of the techs?

25 A. In the main OR?